

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062515 (0)

1. Corporation Name

FEDERAL MANAGED CARE ASSOCIATES, INC.

Principal Place of Business

5550 HWY. 98 EAST
UNIT 905
DESTIN FL 32541

Mailing Address

501 N MIAM STREET
3RD FLOOR FAULKNER BLDG
HATTIESBURG MS 39401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

4. FEI Number

65-0436152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

PAYNE, W.A.
5550 HWY. 98 EAST
UNIT 905
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME PAYNE, W.A.
STREET ADDRESS 5550 HWY. 98 EAST #905
CITY-ST-ZIP DESTIN FL 32541

TITLE VPT ☐ DELETE

NAME PAYNE, MAXINE
STREET ADDRESS 2307 SUNSET DRIVE
CITY-ST-ZIP HATTIESBURG MS 39402

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres ☒ Change ☐ Addition

1.2 NAME W. A. Payne
1.3 STREET ADDRESS 9011 Hwy 98 West, #905
1.4 CITY-ST-ZIP Destin, FL 32541-7254

2.1 TITLE Sec/Treas ☒ Change ☐ Addition

2.2 NAME Maxine Payne
2.3 STREET ADDRESS 2307 Sunset Drive
2.4 CITY-ST-ZIP Hattiesburg, MS 39401

3.1 TITLE VicePres ☐ Change ☒ Addition

3.2 NAME Abb Payne
3.3 STREET ADDRESS 0911 Hwy 98 West, #905
3.4 CITY-ST-ZIP Destin, FL 32541-7254

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

200002638902
-09/14/98--01134--046
***450.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W.A. Payne

07-29-98 60x544
3903

CR2E034 (5/98)

MEDICAL SYSTEMS, INC. ⁽²⁾

503 Main Street • Post Office Box 1267 • Hattiesburg, Mississippi 39403 • Office 601-544-2903 • Wats 800-210-4674 • Facsimile 601-582-9553

July 29, 1998

Home Health Care of Mississippi

Columbia, Mississippi
Hattiesburg, Mississippi
Lumberton, Mississippi
Poplarville, Mississippi

Home Health Care of Louisiana

Baton Rouge, Louisiana
Covington, Louisiana
Frankston, Louisiana
Houma, Louisiana
Kenner, Louisiana
Lake Charles, Louisiana
Metairie, Louisiana
Shreveport, Louisiana
Thibodaux, Louisiana

Home Health Care of Oregon

Medford, Oregon

Home Health Care of Alabama

Birmingham, Alabama

Home Health Care of North Carolina

Charlotte, North Carolina

Home Health Care of Texas

San Antonio, Texas

Home Health Care of Georgia

Atlanta, Georgia

Home Health Care of Florida

Orlando, Florida

Home Health Care of Illinois

Chicago, Illinois

Home Health Care of Michigan

Ann Arbor, Michigan

Home Health Care of Ohio

Columbus, Ohio

Florida Department of State
Department of Corporations
P. O. Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

Please accept the three enclosed annual reports for the following companies:

- Federal Managed Care Associates, Inc.
- USA Professional Association, Inc.
- Integrated Patient Services, Inc.

As suggested by an employee of the Division of Corporations over the telephone, we are submitting only the \$150 filing fee for each report. Because we did not receive the first notice for these reports, we are not sending the additional \$400 late penalty.

If you have any questions about these reports, please contact me at (601) 544-2900.

Sincerely,



Jennifer Caveny
Administrative Assistant